



Iowa Department of Human Services

Iowa Medicaid Enterprise

**HCBS Waiver and
Habilitation Training 2012**

Agenda

- Overview of Medicaid Waiver Programs
- Waiver processes
- Iowa Medicaid provider responsibilities

Audience

- CM/SW
- HCBS Waiver Providers
- CDAC providers

Individual CDAC

I-CDAC Agenda

- What is CDAC
- CDAC Agreement
- Claim for Targeted Medical Care
- CDAC Procedures
- Audits and Reviews
- Question and Answer

What is CDAC?

- CDAC = Consumer Directed Attendant Care
- A CDAC provider assists a CDAC member (consumer) with self-care tasks that they would normally do themselves, but are not currently able.
- These services allow the member to continue living in their own home.

Services Covered Under CDAC Program

- Unskilled Services
 - Getting dressed & undressed
 - Bathing & grooming
 - General housekeeping
 - Scheduling appointments & communications
- Skilled Services
 - Monitoring medication
 - Catheter & colostomy care
 - Recording vital signs

Services Not Covered Under CDAC Program

- Heavy maintenance or minor repairs to walls, floors, railings, etc.
- Non-essential support: polishing silver, folding napkins, etc.
- Heavy cleaning: moving heavy furniture, floor care or painting and trash removal
- Animal Care
- Supervision of the member, verbal prompts or reminders
- Any services that are not specifically described in the CDAC Agreement

The CDAC Agreement

The CDAC Agreement

- The agreement is required when a provider is first matched with a member and **before** CDAC services can begin

Or

- At the member's annual plan review

Or

- When there are changes in the needs of the member

*The agreement is designed to work with the Daily Service Record(DSR)

The CDAC Agreement Continued:

- The member may need many of the available services or just a few.
- The agreement is specific to each member/provider combination; no two agreements are alike.
- Providers and members use the agreement to identify the specific services that the member NEEDS and the Provider agrees to perform.

CDAC Services

Documentation Service Code	Non-Skilled Service Components To be completed by the consumer or consumer's legal representative.
N1	Dressing
N2	Bathing, grooming, personal hygiene – includes shaving, hair care, make-up, and oral hygiene
N3	Meal preparation and feeding – includes cooking, eating, and feeding assistance (but not the cost of meals themselves)
N4	Toileting – includes bowel, bladder and catheter assistance (emptying the catheter bag, collecting a specimen, and cleaning the external area around the catheter)

- Each service category has been assigned a code.
- These codes are the same as the ones used to complete the Daily Service Record.

Overview of the Agreement

- This will outline the *specific* services the provider will agree to do for the member
- It will outline the amount of time/units allotted per month for each agreed upon service
- Once agreed upon the member's Case Manager will review and determine if the services are appropriate
- The provider, member, and Case Manager(CM) will determine a rate per hour to be paid to the provider

Page 15 of the Agreement

I agree to abide by all the requirements in this CDAC agreement including the following:

- ♦ That my criminal and abuse records will be checked for reported or confirmed criminal history or abuse.
- ♦ To hold the Department of Human Services harmless against all claims, damages, losses, costs, and expenses, including attorney fees, arising out of the performance of this CDAC agreement by any and all persons.
- ♦ To keep both fiscal and designated clinical/medical documentation records of all CDAC services provided which are charged to the medical assistance program and to maintain these CDAC records for at least five years from the date of claims submission. Documentation shall include the following information for each unit of CDAC service provided and billed:

- 1 Full name of the consumer receiving the CDAC service as it appears on their medical assistance card.
- 2 Consumer's date of birth.
- 3 Medical assistance identification number.
- 4 Full name of the person providing the service. If the provider functions under a professional license or is certified to perform certain tasks, list the title after the provider's name. If the provider does not have a title, enter "CDAC Worker."
- 5 Agency name (if applicable).
- 6 Specific date of the CDAC service provided including the day, month, and year.
- 7 Total units billed for the date of service.
- 8 Waiver type and service procedure code as identified in this agreement.
- 9 Duration of the CDAC service provided including the start and end time.
- 10 The number of units as computed from the start and end time.
- 11 Specific service activity provided as described in this agreement.
- 12 Location in which the service was provided.
- 13 Description of the CDAC service provided as described in this agreement and as authorized in the service worker/case manager comprehensive service plan.
- 14 Description of the provider's interventions and supports provided and the consumer's response to those interventions and supports.
- 15 Identification of any health, safety, and welfare concerns.
- 16 Consumer's signature, provider's signature, and the date.

I hereby confirm that all information provided by me on this form is true and correct to the best of my knowledge.

CDAC Provider Signature

Date

Consumer Signature

Date

CDAC Daily Service Record

The CDAC Daily Service Record (DSR)

Iowa Department of Human Services

Consumer Directed Attendant Care (CDAC) Daily Service Record

1. Provider Name (first, middle initial, last)	2. Agency Name (If an agency)	3. Date of Service (Month, Day & Year)
4. Consumer name (first, middle initial, last)	5. Consumer's Medicaid ID number	6. Location(s) where service was given

7. Time I was with the Consumer	8. Service code(s) 9. Actual hours of CDAC services	10. Description of the Services I performed for the Consumer	11. How did it go? Did I notice anything to be concerned about?
	8. Code 9. Actual hours of CDAC services		
Start Time : : End Time : :			
Start Time : : End Time : :			
Start Time : : End Time : :			

12. Total Hours

Service Codes: Choose from the list below. Enter the code in the 'Service Code' box above to show the service you provided.

Non-Skilled Services:	N1- Dressing	N2 - Bathing, grooming, personal hygiene	N3- Meal preparation & feeding	N4- Toileting
N5- Transferring, ambulation, mobility	N6- Essential Housekeeping	N7- Minor Wound Care	N8- Financial and scheduling assistance	N9- Assistance in the workplace
N9 - Assistance in the workplace	N10- Communication	N11- Essential transportation	N12- Medication assistance	
Skilled Services:	S1- Tube feedings	S2- Intravenous therapy assistance	S3- Parenteral injections	S4- Catheterizations
S5- Respiratory care	S6- Care of decubiti and other areas	S7- Rehabilitation services	S8 - Colostomy care	
S9 - Care of medical conditions	S10 - Post-surgical nurse delegated activities	S11 - Monitoring reactions to medication		
S12- Prepare/ monitor therapeutic diets	S13- Recording and reporting of changes in vital signs to the nurse or therapist.			

13) Consumer's Signature

14) Provider's Signature

15) Date

CDAC Daily Service Record (DSR)

- Service Record must be completed and signed daily by the provider.
- Form is available in a template version at www.ime.state.ia.us
- This record **MUST** be completed in English.
- Must be kept on file for five years from the last date of payment.
- Should not be submitted with the claim form – only ever submit records if they have been specifically requested.

CDAC Daily Service Record Continued:

- The DSR's are important because the Iowa Administrative Code 79.3(2)d(35) requires providers to keep accurate logs of services provided each day.
- The DSR's should be reflective of the provider agreement.

Claim for Targeted Medical Care

Claim for Targeted Medical Care



Claim for Targeted Medical Care

(If handwritten, use blue or black ink only. Accuracy is important.)

This form may be downloaded at <http://www.ime.state.ia.us/Providers/claims.html>

Member Information

1. Medicaid ID Number	2. Member's Name
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Provider Information

3. NPI Provider Number	4. Provider's Name
5. Provider Address	
6. Zip Code	7. Taxonomy Code

Other Information

8. Other Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Other Health Insurance Denied <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Other Health Insurance Payment	11. Client Participation Amount

Services

12. Procedure Code	13. Modifier	14. Place of Service	15. First Date	16. Last Date	17. Units	18. Total Line Charge
19. Total Claim Charges						

Authorized Signature(s)

<i>I certify that the statements on the back apply to this bill and are made a part of it.</i>		<i>For consumer-directed attendant care claims only.</i>	
Provider Signature	Date	Member/Guardian Signature	Date

Claim for Targeted Medical Care

- Revised form effective March 1st, 2012
- The claim must accurately reflect the total units performed in a month
- Must be signed by both the provider and member
- It is important that the dates of service do not span more than one calendar month.

CDAC Procedures

CDAC Adjustments

CDAC Adjustment

I understand that by using this coversheet I am asking for a previously paid claim to be changed / corrected. I am attaching this coversheet to a corrected claim.

Signature

Date

NPI

Adjustments continued

- Paid claims that require a correction are submitted for an adjustment
 - Cover sheet available at www.ime.state.ia.us/Providers/Forms.html
 - Form 470-5023
- Reasons for an adjustment
 - Missing cents place – Example: \$536 will pay \$5.36
 - Rate Increase
 - Additional Units

Incident Reporting

All providers who have personal contact with Medicaid members under the Home-and-Community-Based Habilitation Services are required to fill out a Incident Report when a Major incident has occurred.

Major Incident

- Required to be reported within 24 hours of the discovery of the incident.
- Examples of a Major Incident:
 - Results in the death of the member
 - Results in a injury to or by the member that requires a physician's treatment or
 - Requires the intervention of law enforcement
 - Involves the member's location as being unknown by their provider.

Minor Incident

- Does not need to be reported to the IME, but should be documented following the standard documentation procedures- The Daily Service Record.
- Examples of Minor Incident;
 - Results in the application of basic first aid
 - Results in bruising
- Situations requiring physician's treatment or admission to a hospital which are due to symptoms of an illness, disease process, or seizure activities **ARE NOT** considered a major incident and should not be reported as such

How to Report a Major Incident

- As announced in Informational Letter 1119 Incident Reports must be submitted electronically.
- We offer two options:
 - Contact the Provider Services Call Center 1-800-338-7909 or Des Moines area 515-256-4609
 - Using the IMPA tool

Atypical Code Conversion

- Centers for Medicare and Medicaid Services(CMS) has directed Iowa Medicaid to convert atypical codes (e.g.W1267) into approved standardized codes (e.g. T1019)
- Case Managers will be sending providers a updated Notice of Decision with their approved code, rates, and units.
- Please refer to Informational letters 1007 and 1113.
More details available at:

www.ime.state.ia.us/Providers/AtypicalCode.html

Documentation Requirements

Documentation Requirement References

- Provider Agreement Section 4.1- “The provider shall maintain books, records and documents which sufficiently and properly document and calculate all charges billed to the Department throughout the term of this Agreement for a period of at least five (5) years following the date of final payment or completion of any required audit”
 - Daily Service Record(DSR) is an example
 - Document thoroughly with details of services

Documentation Requirements (Continued)

- CDAC Agreement Page 4 number 3- “The CDAC Provider must be able to document and maintain the fiscal and clinical/medical records he/she provides per Iowa Administrative code 441 79.3. List evidence of basic math, reading, and writing skills (e.g., high school diploma, GED, etc.)

QUESTIONS AND ANSWERS

- At this time we will take some additional questions.
- If you have further Questions or Concerns please feel free to contact the Provider Services Call Center at: 800-338-7909 (toll free) or 515-256-4609 (Des Moines)

HCBS Waiver Services

HCBS Waiver Services Overview

- Allows the State to furnish services that allow members to live in the community and avoid institutionalization.
- Supplements the services that are available to participants through the Medicaid State plan

HCBS Programs

- Ill & Handicapped
- AIDS/HIV
- Brain Injury
- Children's Mental Health
- Elderly
- Intellectual Disability
- Physical Disability
- Habilitation

Eligibility

- Member must be Medicaid eligible & meet income guidelines
- Member must meet the level of care requirements
- Waiting lists on some waivers
- Service plan must be developed by an interdisciplinary team and approved by DHS

III & Handicapped Waiver

- Under age 65
- Disabled, SSI
- Level of Care
 - Nursing Facility
 - Skilled Nursing Facility
 - ICF/MR
- Service Coordination
 - DHS Service Worker

2,473 members approved to receive services as of May 2012

III & Handicapped Allowable Services

- Homemaker
- Home Health
- Adult Day Care
- Respite Care
- CDAC
- Home & Vehicle Modification
- Personal Emergency Response System
- Home-delivered Meals

AIDS/HIV Waiver

- No age restrictions
- AIDS/HIV diagnosis by a physician
- Level of Care
 - NF or Hospital
- Service Coordination
 - DHS Service Worker

34 members approved to receive services as of May 2012

AIDS/HIV Allowable Services

- Respite Care
- Home-delivered meals
- CDAC
- Counseling
- Home Health Aide
- Nursing Care
- Adult Day Care
- Financial Management

Brain Injury Waiver

- Age 1 month-64 years
- Brain Injury diagnosis as defined in Iowa Administrative Code (IAC) 83
- Level of Care
 - Nursing Facility
 - Skilled Nursing Facility
 - ICF/MR
- Service Coordination
 - Medicaid Case Manager

1175 members approved to receive services as of May 2012

Brain Injury Allowable Services

- Respite
- Supported Employment
- Interim Medical Monitoring & Treatment
- Case Management
- Home & Vehicle Modification
- Personal Emergency Response
- More information available at:

www.dhs.iowa.gov/policyanalysis/PolicyManualPages/Manual_Documents/Rules/441-83.pdf

Children's Mental Health Waiver

- Under age 18
- Serious emotional disturbance diagnosis
- Level of Care
 - Hospital
- Service Coordination
 - Medicaid Case Manager

700 members approved to receive services as of May 2012

CMH Allowable Services

- Environmental Modifications
- Adaptive Devices
- Therapeutic Resources
- Family & Community Support Services
- More information available at:

www.dhs.iowa.gov/policyanalysis/PolicyManualPages/Manual_Documents/Rules/441-83.pdf

Elderly Waiver

- Age 65 and older
- Level of Care
 - Nursing Facility
 - Skilled Nursing Facility
- Service Coordination
 - Case Management Provider

8,756 members approved to receive services as of May 2012

Elderly Allowable Services:

- Adult day care
- Emergency response system
- Homemaker
- Chore
- Home-delivered meals
- Home and vehicle modification
- CDAC
- Financial management
- Respite care

Intellectual Disability (ID) Waiver

- No age limit
- Primary diagnosis of mental retardation as determined by a psychologist or psychiatrist
- Level of Care
 - ICF/MR
- Service Coordination
 - Initial- DHS Service Worker
 - Ongoing- Medicaid case manager

11,472 members approved to receive services as of May 2012

ID Allowable Services

- Respite
- Personal emergency response system
- CDAC
- Prevocational services
- Supported community living
- Home and vehicle modification
- Adult day care
- Transportation

Physical Disability (PD) Waiver

- Age 18 through 64
- Have a physical disability as determined by Disability Determination Services
- Level of Care
 - Nursing Facility
 - Skilled Nursing Facility
- Service Coordination
 - DHS Service Worker

850 members approved to receive services as of May 2012

PD Allowable Services

- Home & Vehicle Modification
- Personal Emergency Response
- Financial Management
- Self-directed Personal Care
- More information available at:

www.dhs.iowa.gov/policyanalysis/PolicyManualPages/Manual_Documents/Rules/441-83.pdf

HCBS Habilitation

- Added as a State Plan Amendment in 2007
- No age limit
- Income must be below 150% of Federal Poverty Level
- Must be eligible for Medicaid
- Needs based & must meet 1 of 2 risk factors:
 - Psychiatric treatment more intensive than outpatient care >1 per lifetime
 - More than 1 episode of continuous professional supported care other than hospitalization

HCBS Habilitation (continued)

- Must meet 2 of 5 *additional* criteria:
 - Unemployed, employed in sheltered setting or limited skills + poor work history
 - Needs financial assistance for maintenance & is unable to procure
 - Severe inability to maintain social support system
 - Needs help w/ basic living skills
 - Exhibits inappropriate social behavior requiring intervention
- 4,135 members approved to receive services as of May 2012

Habilitation Allowable Services

- Case Management
- Home-Based Habilitation
- Prevocational Services
- Supported Employment
- More information available at:

www.ime.state.ia.us/HCBS/HabilitationServices/Info.html

HCBS Waiver Information:

Visit:

www.ime.state.ia.us/HCBS/HCBSIndex.html

Email:

HCBSwaivers@dhs.state.ia.us

HCBS Specialist by region or county at:

www.ime.state.ia.us/HCBS/HCBSContacts.html

Mental Health and Disability Services Redesign

Mental Health & Disability Services (MHDS) Redesign

- Mental Health and Redesign Act enacted 7/1/12
- Service plan & rate approval processes are affected by the legislation
- Results in little (if any) impact on provider & member participation in Medicaid waiver programs
- Announced in Informational Letter 1141

County Buyout/Redesign Resources

- Key updates and announcements are available at:
www.dhs.state.ia.us/Partners/MHDSRedesign.html
- CPC questions should be directed to Robin Wilson at rwilson@dhs.state.ia.us or Julie Jetter at jjetter@dhs.state.ia.us
- Informational Letter 1150

Service Approval Process

Individualized Services Information System (ISIS)

- ISIS assists in the processing & tracking of waiver program requests
- Records are tracked in ISIS until the member stops accessing the services
- Services must be approved before billing Iowa Medicaid

Rate Freeze

- Executive Order # 19 mandated a 10% cut in state government spending
- IL 869 outlined rule changes enacted to reduce HCBS Waiver rates by 2.5%
- IL 1046 announced the rate restoration with an effective date of 7/1/11
- Rates were restored but Executive Order 19 is still in place
- Executive Order 19 is available for review at:
http://publications.iowa.gov/8554/1/Executive_Order_No19.pdf

Waiver Prior Authorization (WPA)

- Effective since 10/1/10
- Services Requiring WPA
 - Consumer Directed Attendant Care
 - Home & Vehicle Modification
 - Prevocational Services
 - Environmental Modifications
 - Adaptive Devices
- All waiver services will require Medical Services reviews in the future

WPA (continued)

- Implemented to assist with service plan development
- Median units were determined
 - Anything entered into ISIS above the median unit requires a review
 - Median units are available at:
www.ime.state.ia.us/docs/UnitReview.xls
- Additional, clarifying documentation may be requested by the WPA reviewer
- There is a potential for unit decrease based on the information reviewed

WPA (continued)

- When a review determines units should be decreased the decrease is effective:
 - The decrease will be in effect the following month if the decision was made the 1st through the 15th of the month
 - Between the 16th and the end of the month the decrease will be in effect the month after next.
- *The decrease of units **must be reflected in new CDAC agreement** signed by the member and provider

WPA-Things to Remember

- The most economical service that meets the member's medical necessity should be provided
- Prevocational services-must include specific & measureable progress with a viable discharge plan
- CDAC agreements- Must reflect essential services & include a complete description of the payable activity
- Non-allowable activities must be excluded from the CDAC agreement
- Documentation must be legible and include a signature & date

WPA -Things to Remember Continued

- Home and Vehicle Modifications- An itemized bid is needed & separates the cost for each item from the cost of the labor.
- Durable Medical Equipment- supplies cannot include delivery, freight, postage, or other operating expenses
- Medical Equipment- Is the price quote MSRP or dealer cost? Catalog pages or print outs from the internet cannot be accepted in place of a price quote.
- Skilled CDAC services require supervision of a licensed nurse or licensed therapist working under the direction of a physician

Notice of Decision (NOD)

- Sent to the member indicating approval or denial of services
- Denial should state the reason for the decision
- Will list hours/units approved
- Contains timeframe for approved services

Provider Responsibilities

Background Checks

- All Habilitation, Remedial, and Home and Community Based Services (HCBS) waiver providers **must** complete
 - Child abuse
 - Dependent adult abuse
 - Criminal
- background screenings before employment of a prospective staff member per Iowa Code 249A.29 and 135C.33

Background Checks (Continued)

- If the prospective staff has any of the following on their record:
 - Criminal
 - Child abuse
 - Dependent adult abuse

A Department of Human Services(DHS) evaluation must be completed per Iowa Code 135C.33(2) and Iowa Administrative Code 441-ch.119

- The prospective staff member may not provide any services pending the outcome of the initial background and any evaluation by DHS for findings on their record

Office of Inspector General (OIG)

- All providers and contracting entities are required to check the program exclusion status of a potential employee prior to employment
- Search the *Department of Health and Human Services Office of Inspector General (HHS-OIG)* website at www.exclusions.oig.hhs.gov
- Any provider that is excluded or employs an excluded individual and submits claims for reimbursement or causes claims to be submitted may be subject to civil money penalties and other damages per section 1128A(a)(1)(D) of the Social Security Act

HHS-OIG Continued

- Providers should search the HHS-OIG website monthly to
 - Capture exclusions
 - Reinstatements
- Claims paid by Medicaid to an excluded individual could be subject to repayment
 - Informational Letter #1001

Mandatory Child Abuse Reporter

- **Any** employee providing

- Remedial services
- Habilitation services
- HCBS waiver services

To a child must be a mandatory child abuse reporter per Iowa Code section 232.69(3)(b)

- Staff must complete 2 hours of training within 6 months of initial employment
- Must obtain a statement of abuse reporting requirements from employer within 1 month of employment
- ❖ Employee must complete at least 2 hours of training every 5 years

Mandatory Dependent Adult Abuse Reporter

- Any employee providing services to a dependent adult **must** be a mandatory dependent adult abuse reporter per Iowa Code 235B.3(2)
- Staff must complete 2 hours of training within 6 months of initial employment
- Must obtain a statement of abuse reporting requirements from employer within 1 month of employment
- ❖ Employee must complete at least 2 hours of training every 5 years

Mandatory Reporter Training

- A list of approved curriculum for child and dependent adult abuse is found at:

www.idph.state.ia.us/bh/abuse_ed_review_curricula.asp

- Abuse & Neglect hotline 1-800-362-2178

❖ Failure to follow any of these requirements could result in:

- Recoupment
- Sanctions
- Termination of your contract to provide services

Per Iowa Administrative Code 441-79.2

Incident Reporting

IAC 441-77.25 (5)

- The organization documents the following information:
 - The name of the individual served who was involved in the incident.
 - The date and time the incident occurred.
 - A description of the incident.
 - The names of all organization staff and others who were present or responded at the time of the incident.
 - The action the organization staff took to handle the situation.
 - The resolution of or follow-up to the incident.

Major Incident Definition

- Incident resulting in the death of the member
- Requires emergency mental health treatment of member
- Requires the intervention of law enforcement
- Requires a report of child abuse
- Requires a report of dependent adult abuse
- Constitute a prescription medication error or a pattern of medication errors that lead to any outcomes stated above
- Involves a member's location being unknown by provider staff who are assigned protective oversight

IMPA- Incident Reporting

- Should be reported once you are aware a major incident occurred.
- The provider who has knowledge of the major incident will complete the report.
- IME uses the data to determine trends
 - Populations
 - Individuals
 - Deaths
- Reporting major incidents is required by CMS

Incident Reporting and IMPA

Iowa Medicaid Portal Access



[File](#) ▶ [Review](#) ▶ [Manage](#) ▶ [Information](#) ▶ [Messages](#) [Logout](#)

[Claim PIN](#)

[New Incident](#)

[New Presumptive - Infant and Children](#)

[New Presumptive - Pregnant Women](#)

[New Presumptive - BCCT](#)

[Recertify Waiver Services](#)

Iowa Medicaid Portal Application!



[Click here for the
User Registration Guide](#)

Featured Functionality

- [Provider Enrollment Renewal Guide](#)
- [Provider Informational Letters -Go here and sign up!](#)
- **Provider incident reporting** - As a provider, you can have the ability to report, track and monitor incidents in "real time".
- **Remittance Advice** - View weekly remittance advice online at your convenience.
- **Presumptive Eligibility** - Presumptively approve an infant or child for medicaid benefits.
[Application \(English version\)](#)
[Application \(Spanish version\)](#)
- **List Serv Subscriptions** - Subscribe to different topics on the IMPA List Serv.
[Subscribe to the selected topics](#)

Helpful Hints

Looking for a medicaid participating provider? [Find one](#)

Be sure to find all of the latest Provider Information Le

Medicaid in the news

[Under-Use Of Safer Kidney Cancer Surgery For Medicare, Medicaid Patients](#) (5 days ago)

An increasingly common and safer type of surgery is not as likely to be used for o...

[Link Between Hospital Readmission Rates And Care, Socioeconomics](#) (7 days ago)

Differences in regional hospital readmission rates more closely tied to the av...

[Introduction Of Bipartisan Bill To Eliminate M Formula Applauded By ACP](#) (5/11/2012)

The American College of Physicians (ACP) has ap Schwartz (D-Pa.) and Rep. Joe He...

[Recommendations By AMA Committee On Doc Medicare Are Followed 9 Times Out Of 10](#) (5/11/2012)

To calculate physicians' fees under Medicare - w some state and private payers...

Billing

Claim for Targeted Medical Care

- Providers should submit their claim forms ***once per month***
 - On the first day of the month after services were given.
 - Documentation should NOT be submitted with the claim form.
- Claims must be completed carefully and accurately – mistakes may result in denial, payment delays or audit concerns.



Claim for Targeted Medical Care

(If handwritten, use blue or black ink only. Accuracy is important.)

This form may be downloaded at <http://www.ime.state.ia.us/Providers/claims.html>

Member Information

1. Medicaid ID Number	2. Member's Name
-----------------------	------------------

Provider Information

3. NPI Provider Number	4. Provider's Name
5. Provider Address	
6. Zip Code	7. Taxonomy Code

Other Information

8. Other Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Other Health Insurance Denied <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Other Health Insurance Payment	11. Client Participation Amount

Services

12. Procedure Code	13. Modifier	14. Place of Service	15. First Date	16. Last Date	17. Units	18. Total Line Charge
19. Total Claim Charges						

Authorized Signature(s)

<i>I certify that the statements on the back apply to this bill and are made a part of it.</i>		<i>For consumer-directed attendant care claims only.</i>	
Provider Signature	Date	Member/Guardian Signature	Date

- Revised 12/11
- Printable template available at:
www.ime.state.ia.us/Providers/claims.html
- Order paper forms by calling IME Provider Services

Client Participation (CP)

- In some cases members must contribute to the cost of waiver services.
- Client Participation (CP) is member responsibility
- The CP amount must be submitted on the claim in Box 11.

Timely Filing Guidelines

- Claims must be filed within 365 days of the date of service (DOS).
- A claim that is timely adjudicated (paid, denied, or suspended), will have an additional 365 days from the adjudication date to resubmit, not to exceed 2 years from the DOS.
- Last Clarified on Informational Letter 637

Common Denial Reasons

- Missing or invalid NPI
- Missing consumer signature (when needed)
- Claim is a photocopy

Electronic Billing

- Providers must enroll with EDISS through their Total On-Boarding program
- PC-ACE Pro32- Free software available through DHS
 - PC-Ace Pro32 Help documents available at www.ime.state.ia.us/Providers/Forms.html#PAPHD

Electronic Billing (continued)

- Agency & Assisted Living CDAC Services may bill certain codes electronically
 - W1265
 - W1266
 - W2517
- A time sheet signed by the member is required for review purposes

Oversight & Reviews

Service Reviews

- Services paid by the department are subject to reviews by:
 - Program Integrity
 - Department of Inspections & Appeals
 - Office of Inspector General
 - Medicaid Fraud Control Unit
 - Division of Fiscal Management
 - Program Managers
 - Center for Medicare and Medicaid Services(CMS)

Service Reviews (continued)

Typical Deficiencies during a review:

- No and/ or missing documentation
- Not credible documentation
- Missing/ Incomplete date or time frames
- Missing/ illegible signature
- Not meeting Iowa Administrative code(IAC) definition
- Billing errors

Medical Record Loss

- Form 470-4560 Attestation of Medical Record Loss or Destruction
- Available at:
www.ime.state.ia.us/Providers/Forms.html
- Only used for documents that were partially or completely destroyed.
- Must be supported by a disaster declaration by the Governor of Iowa
- One form must be filled out & maintained for each member

IME Resources & Updates

HIPAA 5010

- What is HIPAA 5010?
 - a new standard that regulates the electronic transmission of specific health care transactions
- Iowa Medicaid specific HIPAA 5010 resources available at:
www.edissweb.com/med/news/hipaa5010.html

Website Redesign

- New & improved IME website coming ***Summer 2013*** www.ime.state.ia.us
- More user-friendly
- The website will be changing as new features are added as the transition progresses

Provider Manuals

- Updated manuals available beginning July 2012
- Combined HCBS manual – NEW!
- Updated Case Management manual

www.dhs.state.ia.us/policyanalysis/PolicyManualPageMedProvider.htm#All%20Provider%20Chapters

IMPA

(Iowa Medicaid Portal Access)


- Remittance advice
- Document uploading
- Incident reporting
- Informational letters
- Provider re-enrollment

Enrollment Renewal

- Required of all Iowa Medicaid Providers
- Renewal **must** be completed by December 31, 2012
- Complete Ownership and Control Disclosure
- IMPA Tool
- Announced in Informational Letter 1128
- Enrollment renewal takes place every 5 years

Re-enrollment and IMPA


Iowa Medicaid Portal Access



[File](#) ▶ [Review](#) ▶ [Manage](#) ▶ [Information](#) ▶ [Messages](#) [Logout](#)

[Reenrollment](#)
[Claim PIN](#)
[Recertify Waiver Services](#)

Welcome to the Iowa Medicaid Portal Application!



[Click here for the User Registration Guide](#)

Featured Functionality

- [Provider Enrollment Renewal Guide](#)
- [Provider Informational Letters -Go here and sign up!](#)
- [Provider incident reporting](#) - As a provider, you can

Helpful Hints

Looking for a medicaid participating provider? [Click here](#).
Be sure to find all of the latest Provider Informational Letters [here](#).

Medicaid in the news

Under-Use Of Safer Kidney Cancer Treatment, Poorer, Sicker Medicare, Medicaid Patients
(Published 10/15/2014, 11:00 AM, 10 days ago)
An increasingly common and safer treatment for kidney cancer is not as likely to be used by Medicare and Medicaid patients, according to a new study published in the Journal of the American Medical Association.

Link Between Hospital Readmissions and Availability Of Care, Socioeconomic Status
(Published 10/15/2014, 11:00 AM, 10 days ago)
Differences in regional hospital readmission rates for heart failure are more closely tied to socioeconomic status than previously thought, according to a new study published in the Journal of the American Medical Association.

Atypical Code Conversion

- Non-standard or “W” billing codes must be converted to the national, standardized codes
- Revised implementation dates:
 - Fee schedule based codes: October 1, 2012
 - Cost report based codes: July 1, 2013
- Refer to Informational Releases 1007 & 1113
- A crosswalk for each code is available at:
www.ime.state.ia.us/Providers/AtypicalCode.html

ICD-10

- ICD-10 is a diagnostic coding system implemented by the World Health Organization replacing ICD-9
- Allows for more accurate coding of diagnoses
- *Proposed* implementation set for October 2014
- Look for Informational Releases detailing changes
- Visit www.cms.gov/ICD10 for the latest news and resources to help you prepare for the transition to both 5010 as well as ICD-10.

Provider Services Call Center

- Can **confirm** member information supplied by caller

ID numbers	Social Security numbers
Date of birth	Date of death
Spelling of names	Medicare ID
Approved services in MMIS (for that provider only)	

- Call center has a 5 minute/5 questions limitation per call

Provider Services Outreach Staff

- Outreach Staff provides the following services:
 - On-site training
 - Escalated claims issues
 - Please send an email to imeproviderservices@dhs.state.ia.us

**You Have Now Completed
HCBS Waiver and
Habilitation Training 2012
Thank you**

Questions?